

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10725742

12-01-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
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17		1				
18		1				
19		1				
20		2				
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24		1				
25	1					
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27		2				
28		1				
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50						
TOTAL IND.	4					
TOTAL DEP.	37					
TOTAL CLAIMS	41					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						